

Declaration for Nomination and Oath of Candidacy

E E	Filed this 21 day of June	20_21
	Document #	
S F	Fee Paid: cash check	credit
E P	By:	

		Deputy or Filing Officer	
DECLARATION AND OATH OF CANDIDACY TO BE FILED I	WITH SECRETARY OF STATE OR COUNTY EL	LECTION ADMINISTRATOR AS APPLICABLE	
Filing for office of: MUNNAMORAL CANCEL	1 Tho	П	Nonpartisan
Full name of office including district and/or	department numbers if applicable	Name of Political Party	. Monpartisan
Candidate Name (printed exactly as it should ap	pear on the ballot): AlliSon	Tangen	
1,10,1000			Callet
Mailing Address: UZ 18 Ave Street or PO Box	2	Great Falls	
Residence Address: Some			
Street		City	Zip
	Home/Mobile Phone:		e:
Email Address: Callisan tayen @lure. Car	Website Ad	dress:	
IF THIS DECLARATION IS FOR THE OFFICE OF GOVERNO	R, YOU MUST COMPLETE THE FOLLOWING	INFORMATION	
Lieutenant Governor Name (printed exactly as it	should appear on the ballot):		
Mailing Address:	Residenc	e Address:	
Phone: Email Address:	Website	Address:	
(b) I hereby affirm that I will meet the resider of the Secretary of State in writing when I FILING FEE – FEE MUST BE PAID BEFORE FILING IS VALID Candidate Filing Fee, if applicable, in the amount of Candidate Filing Fee, if applicable, in the Candidate Filing F	qualify or if I do not qualify. D: punt of \$ is hereb E PRESENCE OF A NOTARY PUBLIC OR AN O	y submitted with this Declaration and	Oath of Candidacy.
Signature of Candidate	<u> </u>	0 2 Z Date	_
NOTARY PUBLIC OR AUTHORIZED OFFICER			
State of Montana	\wedge		
County of <u>Classeadly</u> Signed and sworn to before me this <u>Ql</u>	day of Sune 20 d		anaen
Where to file for Federal, Statewide, State District and Legislative offices:	0	Printed Name o	Candidate
Montana Secretary of State State Capitol, 2 nd Floor, Room 260 PO Box 202801 Helena, MT 59620-2801	State of Montana Residing at Great Falls		
Online: scs.mt gov By Fax: 406-444-2023	My Commission Expiri February 21, 2023		
Where to file for County, City and		Notary Public for	ne State of
most Local District offices: County Election Office		Residing at:	
A list of county election offices may		My commission ex	pires:, 20
be found at: sos.mt.gov/elections		/	12



MARIE ELI SH JOHRSCH NOTARY PUBLIC for the Starz of Montana Rusiang at Great Falls, Montana My Commission Expires February 21, 2023



Declaration for Nomination and Oath of Candidacy

ے ق	Filed this 18 day of June	20
FOR FILING OFFICE ONLY	Document #	
8 ∃	Fee Paid: Cash Check	Credit
- ö	By: Deputy or Filing Officer	****

		Deputty or Filing Officer	1
DECLARATION AND OATH OF CANDIDACY TO 38	FILED WITH SECRETARY OF STATE OR COUNTY ELECTION	ON ADMINISTRATOR AS APPLICABLE	
Filing for office of: Neighborhood	Council #6	en.	
	and/or department numbers if applicable	Name of Political Party	Nonpartisan
	2 .		
Candidate Name (printed exactly as it sho	uld appear on the ballot): <u>Kichard</u>	Cornellier	
Mailing Address: 108 13th A	ves.	Great Falls	59405
Street or PO Box		City	Zip
Residence Address: 108 13th	Ave S.	Great falls	59405
Street		City	Zip
County of Residence: <u>Cascad</u>			
Email Address: On theody e 28	Ragmail.com Website Address	s:	
IF THIS DECLARATION IS FOR THE OFFICE OF GO	VERNOR, YOU MUST COMPLETE THE FOLLOWING INFO	RMATION	
Lieutenant Governor Name (printed exact	y as it should appear on the ballot):		
Mailing Address:	Residence Add	dress:	
Phone:Email Address:	Website Addr	ress:	
IF THIS DECLARATION IS FOR THE STATE LEGISLA	ATURE, YOU MUST SELECT ONE OF THE FOLLOWING		
	esident of the county in which I am a candidate, if r parts of more than one county, OR	tit contains one or more legislative d	istricts, or of the
(b) I hereby affirm that I will meet the	residency qualification(s) in (a)above for 6 month	is preceding the general election and	will notify the office
of the Secretary of State in writing			
FILING FEE – FEE MUST BE PAID BEFORE FILING	IS VALID		
Candidate Filing Fee, if applicable, in th	e amount of \$ is hereby sub	omitted with this Declaration and Oa	th of Candidacy.
OATH OF CANDIDACY - CANDIDATE MUST SIGN	IN THE PRESENCE OF A NOTARY PUBLIC OR AN OFFICE	ER OF THE OFFICE WHERE THIS FORM IS	FILED:
	ess within constitutional and statutory deadlines	s, the qualifications prescribed by th	e Constitution and laws of
the United States and the State of Montal		1/14/21	
seller B	Touch	4/10/01	
Signature of Candidate		Date	
NOTARY PUBLIC OR AUTHORIZED OFFICER State of Montana			
County of	414		1
Signed and sworn to before me this	day of () be , 20	by Richard 1	ORNELLIEK.
		Printed Name of C	andidate
Where to file for Federal, Statewide,	KF.	ton a too L	
State District and Legislative offices: Montana Secretary of State	\mathcal{A}	anna Maria	
State Capitol, 2 nd Floor, Room 260	Signa	iture of Notary or Public Official	
PO Box 202801		I was	tosult
Helena, MT 59620-2801 Online sos mt gov		Printed Name of Not	ary Public
By Fax: 406-444-2023	BONNIE FOGE NOTARY PUBLIC NOTARY PUBLIC NOTARY PUBLIC NOTARY SIZES OF MORTER	for the Notary Public for the	State of Manage
Where to file for County, City and	SEAL) E Residing at Great Falls.	, Montana Pasiding at ()	atalls. MT
most Local District offices: County Election Office	My Commission Ex September 3, 20	ipii 00	
A list of county election offices may		My commission expi	res: 57 3, 2001
be found at sos.mt.gov/elections			105.P



found at: sosmt.gov/elections

Declaration for Nomination and

>	Filed Abia decret	20
5 3	Filed thisday of	,20
CE ONLY	Document #	
FFICE	Fee paid: cash check	credit
7 P	By:	
	Deputy or Filing Officer	

Oath of Candidac	JUN 09 2	021 & By:	Deputy or Filing Officer	
DECLARATION AND OATH OF CANDIDACY TO BE FILED V	VITH SECRETARY OF STATE OR	COUNTY ELECTION ADMINI	STRATOR AS APPLICABLE	
Filing for office of:	or department numbers if appl	icable Name of	Political Party	OR Nonpartisan
Candidate Name (printed exactly as it should app	0.0	RL J DONOV	7	
Mailing Address		City and State		Zip Code
1509 130 AUG S		GT. Falls.	MT	59405
Residence Address		City and State		Zip Code
SAME AS ABOVE				
County of Residence Contact Pho CASCADE (404) 150	ne Email Add	lress 20 Charter . We	Website Address	
IF THIS DECLARATION IS FOR THE OFFICE OF GOVERNOR	R, YOU MUST COMPLETE THE F	OLLOWING INFORMATION:		
Lieutenant Governor Name (printed exactly as it s	hould appear on the ballot):	2	
Mailing Address:		Residence Address:		
Phone: Email Addres.	s:		Website Address:	
IF THIS DECLARATION IS FOR THE STATE LEGISLATURE, Y	OU MUST SELECT ONE OF THE	FOLLOWING:		
(b) I hereby affirm that I will meet the residen of the Secretary of State in writing when I of FILING FEE – FEE MUST BE PAID BEFORE FILING IS VALID Candidate Filing Fee, if applicable, in the amount	qualify or if I do not qualify. :		g the general election and will n with this Declaration and Oath o	
OATH OF CANDIDACY - CANDIDATE MUST SIGN IN THE	PRESENCE OF A NOTARY PUB	LIC OR AN OFFICER OF THE C	OFFICE WHERE THIS FORM IS FILED	100
I hereby affirm that I possess, or will possess with the United States and the State of Montana.				
1) (- 10	
Carly Donna			9/2121	
Signature of Calididate		Date		
State of Montana County of Signed and sworn to before me this	ay of Uul		Carla	nalan.
Where to file Federal, Statewide, State District and Legislative offices: Montana Secretary of State P.O. Box 202801 State Capitol Building, 1301 E. 6 th Ave 2 nd Floor, Room 260 Helena, MT 59620 Online: sosmt.gov/elections/filing/	SEAL Residing	Signature of No	otary or Rublic Official Printed Name of Notary P	Today
Fax: 406-444-2023 Where to file County, City and most		Commission Expires September 3, 2021	Notary Public for the State Residing at:	talls mi
Local District offices: County Election Office A list of county election offices may be	[SEAL/ST/	AMP]	My commission expires:	3,20

[SEAL/STAMP]



Declaration for Nomination and

riled triisday	y 01	
Document #		
Fee Paid: acash	check	credi

•	Document #			
	Fee Paid: acash	check	Credi	
	Ву:			

Oath of Candidacy APR 3 0 2021 Peer Paid: Cash Check Credit By:
DECLARATION AND OATH OF CANDIDACY TO BE FILED WITH SECRETARY OF STATE OR COUNTY ELECTION ADMINISTRATOR AS APPLICABLE
office of: NEISHACKHOOS COUNCIL DISTRICT 6 Nonpartisan
Full name of office including district and/or department numbers if applicable Name of Political Party Name of Political Party
Candidate Name (printed exactly as it should appear on the ballot): EARL SALLEY
Mailing Address: 104 1914 57.5. CREAT FALLS 59405
1/04 1974 27 S
Residence Address: 194 1974 57 5 City Zip
County of Residence: ASCADE Home/Mobile Phone: 404-268-1678 Work Phone:
Email Address: SALLEY 4/0 XAHOO, CONT Website Address:
F THIS DECLARATION IS FOR THE OFFICE OF GOVERNOR, YOU MUST COMPLETE THE FOLLOWING INFORMATION
ieutenant Governor Name (printed exactly as it should appear on the ballot):
Mailing Address: Residence Address:
Phone: Email Address: Website Address:
F THIS DECLARATION IS FOR THE STATE LEGISLATURE , YOU MUST SELECT ONE OF THE FOLLOWING:
(a) I hereby affirm that I am either a resident of the county in which I am a candidate, if it contains one or more legislative districts, or of the legislative district if it contains all or parts of more than one county, OR
(b) I hereby affirm that I will meet the residency qualification(s) in (a)above for 6 months preceding the general election and will notify the office
of the Secretary of State in writing when I qualify or if I do not qualify.
ILING FEE — FEE MUST BE PAID BEFORE FILING IS VALID:
Candidate Filing Fee, if applicable, in the amount of \$ is hereby submitted with this Declaration and Oath of Candidacy.
OATH OF CANDIDACY - CANDIDATE MUST SIGN IN THE PRESENCE OF A NOTARY PUBLIC OR AN OFFICER OF THE OFFICE WHERE THIS FORM IS FILED:
hereby affirm that I possess, or will possess within constitutional and statutory deadlines, the qualifications prescribed by the Constitution and laws of the United States and the State of Montana.
4-19-2071
Signature of Candidate Date
OTARY PUBLIC OR AUTHORIZED OFFICER
tate of Montana
igned and sworn to before me this 29 ^{7H} day of April 2021 by EARL SA) sy Printed Name of Candidate
Where to file for Federal, Statewide,
State District and Legislative offices:

Montana Secretary of State State Capitol, 2nd Floor, Room 260 PO Box 202801

Helena, MT 59620-2801

Online:

sos mt gov

406-444-2023

Where to file for County, City and most Local District offices:

County Election Office

A list of county election offices may

be found at: sos.mt.gov/elections

BRIAN BOLAND NOTARY PUBLIC for the State of Montana Residing at Great Falls, Montana My Commission Expires

Signature of Notary or Public Official BRIAN

Printed Name of Notary Public

Notary Public for the State of MONTANA

Residing at: CAEAT FAILS

My commission expires: 16/13 , 2021



be found at: sos.mt.gov/elections

Declaration for Nomination and Oath of Candidacy

6	Filed this \8 day of June 20
OF	Document #
FOR FILING OFFICE ONLY	Fee Paid: cash check credit
F 9	Ву:
	Deputy or Filing Officer

	Deputy or Filing Officer	
DECLARATION AND OATH OF CANDIDACY TO BE FILED WITH SECRETARY OF STATE	OR COUNTY ELECTION ADMINISTRATOR AS APPLICABLE	
Filing for	G \square	.
office of: Neighborhood Council		Nonpartisan
Harold J. Stuckne	_	
Candidate Name (printed exactly as it should appear on the ballot):	Jack Stuckn	nan
Mailing Address: 1501 15th Street	S, Great Falls 1	MT 59405
Street or PO Box		
Residence Address: 1501 15th Street 5.	Great Falls M	5 9 4 0 5
County of Residence: Cascade Home/M	The state of the s	
		ie. 700 130 07
Email Address: J Stuckman @ Live, com	Website Address:	
ALT THE DECLEDITION IS FOR THE OFFICE OF COVERNOR WOUNDED TO STATE OF THE	UE FOLLOWING INFORMATION	
IF THIS DECLARATION IS FOR THE OFFICE OF GOVERNOR, YOU MUST COMPLETE THE		
Lieutenant Governor Name (printed exactly as it should appear on the ba Mailing Address:		
60 C 1998	N. S. C. Mari	
Phone: Email Address:	Website Address:	
IF THIS DECLARATION IS FOR THE STATE LEGISLATURE, YOU MUST SELECT ONE OF	THE FOLLOWING:	
(a) I hereby affirm that I am either a resident of the county in which I	am a candidate, if it contains one or more legislativ	e districts, or of the
legislative district if it contains all or parts of more than one count	y, OR	
(b) I hereby affirm that I will meet the residency qualification(s) in (a)		and will notify the office
of the Secretary of State in writing when I qualify or if I do not qua		
Candidate Filing Fee, if applicable, in the amount of \$	is beauty, as busined with this Declaration and	Oath of Condidon.
Candidate Filing Fee, it applicable, in the amount of \$	is nereby submitted with this Declaration and	Oath of Candidacy.
OATH OF CANDIDACY - CANDIDATE MUST SIGN IN THE PRESENCE OF A NOTARY F		
I hereby affirm that I possess, or will possess within constitutional and s the United States and the State of Montana.	tatutory deadlines, the qualifications prescribed by	the Constitution and laws o
Hardo Sula	6-16-21	
Signature of Candidate	Date	
NOTARY PUBLIC OR AUTHORIZED OFFICER		
State of Montana		
County of Caocade		V .
Signed and sworn to before me thisday of	, 20 21 by stand Stu	
Where to file for Federal, Statewide,	Printed Name o	of Candidate
State District and Legislative offices:	Company I Sand	KIO
Montana Secretary of State State Capitol, 2 nd Floor, Room 260	Signature of Notary or Public Official	1000
PO Box 202801		T21 1
Helena, MT 59620-2801	AMALIA J. BLACKWELL IOTARY PUBLIC for the	J Backwell
By Fav. 406-444-2022	State of Montana	votary Public
Where to file for County City and	Notary Public for	the State of
most Local District offices:	y Commission Expires November 29, 2023 Residing at:	at tall
County Election Office	Allers	
A list of county election offices may	My commission ex	xpires: 11 29 , 20 23

operate equaves

stress investors

anathers

where specific equaves

anathers

anather

